PTO/SB/06 (U8-03)
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| Under the Paperwork Reduction Act of 1995, no persons are required to respond PATENT APPLICATION FEE DETERMINATIO Substitute for Form PTO-875 | | | | | | N RECORD Application or Docket Number Application or Docket Number | | | | |
| CLAIMS AS FILED - PART I | | | | | | | | | | |
| (Catumn 1) | | | | Column 2) | , , | SMALL ENTITY | | | OR OTHER THAN SMALL ENTITY | |
| FOR BASIC FEE | NUMBER FIL | NUMBER FILED | | NUMBER EXTRA | | ATE | FEE | | BAYE | |
| (37 CFR 1.16(a)) | | | | | 1 | | 3 | 1 | RATE | FEE |
| TOTAL CLAIMS '37 CFR 1.16(c)) minus 20 | | s 20 = | 0: . | | | | | OR | | <u>\$</u> |
| INDEPENDENT CLAIMS | 1 | - | | | 1" | <u></u> - | | OR | x s= | |
| AULTIPLE DEPENDENT CLAIM PROSENT (37 CFR 1.16(d)) | | | | × 5_ | | | OR | x s | | |
| (o. a | | | | | | <u> </u> | | OR | +5= | |
| " If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | TO | TAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | |
| 7-28-05 | (Column 1) | (| Column 2) | (Cotumn 3) | s | MALL E | NTITY | OR | OTHER | THAN |
| < | CLAIMS REMAINING | | IIGHEST IUMBER | PRESENT | | | | 1 | SMALL | ENTITY |
| | AFTER MENDMENT | PR | EVIOUSLY AID FOR | EXTRA | RA | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| (3) C25 1':((c)) | 24 Min | rs " | 39 | | x s | | 1 | CP | 75 6 | FEE |
| Elbert Beccent | 12 Maria | 3 | 14 |] - | x s_ | | 1 | OR | | 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | | OR OR | x s | + |
| | | | | | TOTAL ADD'L | | -A | | TOTAL | _ |
| | Column 1) | (| Column 2) | (Catuma 3) | ,,,,, | יכב נ | | OR | ADD'L FEE | |
| 0 1 1 1 | CLAMS | Н | GHEST | | | т | | • | | |
| | REMAINING AFTER | | UMBER VIOUSLY | PRESENT EXTRA | RA* | re | ADDI- | | RATE | ADO: |
| Total | MENDMENT | P/ | ND FOR | | | | TIONAL FEE | | | TIONAL FEE |
| Total ST CFR 1.16(c) CT CFR 1.16(c) CT CFR 1.16(c) | 26 Minu | | 29 | = | x s | _= | 0 | OR | x s_ = | 0 |
| (37 CFR 1,16(b)) | 12 Minu | | 14 | • | x s | | 0 | OR | x's = | 22 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | 0 | or | • | <u> </u> |
| | | | | | TOTAL | _ | 0 | OR [| TOTAL ADD'L FEE | $\frac{2}{3}$ |
| (0 | Column 1) | (C | olumn 2) | (Column 3) | | | | O. | AUDIT E | |
| ا ا | CLAIMS EMAINING | H | GHEST | | | $\neg \tau$ | | Г | | |
| , `` | AFTER IENDMENT | PRE | JMBER VIOUSLY ID FOR | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | l | RATE | ADDI- TIONAL |
| | Minus | 1 ** | | • | × s_ | | 100 | _ } | | PEE |
| CS CFR 1.15(b)) | Minus | - | | • | x s_ | | | OR | X S | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLADIN (37 CFR 1.16(d)) | | | | | | | | OR | x s = | |
| | | | | | | ╧┼ | | OR | + \$ = | |
| " If the entry in column 1 is less than the entry in column 2 meth and in column 2 | | | | | | EE L | | OR | ADD'L FEE | |
| II UNE TRIBURES NUMBER Provious by Point For IN TURE COARS to long the coars | | | | | | | | | | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Comfidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete deplication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be swrit to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SBID FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.